

# Cuyahoga County Auditor

Frank Russo

DTE 105A  
Rev. 10/07

## Homestead Exemption Application for Senior Citizens, Disabled Persons and Surviving Spouses

File with the County Auditor after the first Monday in January and on or before the first Monday in June.

Please read the instructions on the back of this form before you complete it. Disabled applicants must complete form DTE 105E, *Certificate of Disability for the Homestead Exemption*, and attach it or a separate certification of disability status from an eligible state or federal agency to this application. See the instructions for a *Late Application* on the back of this form.

### AUDITOR'S USE ONLY

Taxing district and parcel or registration number \_\_\_\_\_

First year for homestead exemption \_\_\_\_\_

Auditor's application number \_\_\_\_\_

☐ Granted ☐ Denied

☐ Current application ☐ Late application for prior year

Type of application: ☐ Senior citizen (age 65 and older) ☐ Disabled person ☐ Surviving spouse

Type of home: ☐ Single family dwelling ☐ Unit in a multi-unit dwelling ☐ Condominium

☐ Unit in a housing cooperative ☐ Manufactured or mobile home ☐ Land under a manufactured or mobile home

Applicant's name \_\_\_\_\_ Applicant's date of birth \_\_\_\_\_

Name of spouse \_\_\_\_\_ Spouse's date of birth \_\_\_\_\_

Home address \_\_\_\_\_

County in which home is located \_\_\_\_\_

Taxing district and parcel or registration number \_\_\_\_\_

from tax bill or available from county auditor

In order to be eligible for the homestead exemption, one of the following statements must apply to the applicant's interest in the property. Property that is owned by a corporation, partnership, limited liability company or other legal entity does not qualify for the exemption. Check the box that applies to this property. The applicant is:

☐ an individual named on the deed

☐ a purchaser under a land installment contract

☐ a life tenant under a life estate

☐ a mortgagor (borrower) for an outstanding mortgage

☐ the settlor under a revocable, inter vivos trust, where the applicant has complete control of the assets in the trust.

☐ a stockholder in a qualified housing cooperative. See DTE 105A/Supplemental for additional information.

If the applicant or the applicant's spouse owns a second or vacation home, please provide the address and county below.

Address	City	State	ZIP code	County
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I declare under penalty of perjury that (1) I occupied this property as my principal place of residence on Jan. 1 of the year(s) for which I am requesting the homestead exemption, (2) I currently occupy this property as my principal place of residence, (3) I did not acquire this homestead from a relative or in-law, other than my spouse, for the purpose of qualifying for the homestead exemption, and (4) I have examined this application, and to the best of my knowledge and belief, this application is true, correct and complete.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone number \_\_\_\_\_

E-mail address \_\_\_\_\_